

**SÓLO PARA
MUESTRA**

**No llene este
formulario**

ATTORNEY OR PARTY WITH ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL ADDRESS (Optional): _____

ATTORNEY FOR (Name): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY AND ZIP CODE: _____

BRANCH NAME: _____

PLAINTIFF/ PETITIONER: _____

DEFENDANT/ RESPONDENT: _____

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

Escriba su nombre completo aquí

Escriba su dirección aquí

Escriba su número de teléfono aquí

Escriba "In Pro Per" aquí

Escriba el nombre de su caso aquí

Escriba el número de su caso aquí

- The application was filed on (date): _____ ☐ A previous order was issued on (date): _____
- The application was filed by (name): _____
- ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
 - ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c))
(4) <input type="checkbox"/>	
(5) <input type="checkbox"/>	
 - ☐ **Method of payment.**
 - ☐ Pay () until the balance is paid.
 - The clerk of the court is directed to enter the order in the court's records and to advise the applicant to appear in court not more than once in any four-month period.

Date: _____ Room: _____
 - ☐ The clerk is directed to enter the order in the court's records and to advise the applicant if not represented.

Date: _____ Room: _____
 - ☐ **All unpaid fees and costs shall be a lien on any judgment or order of the court upon such record.**
 - ☐ IT IS ORDERED that the court shall enter the order of the court, rule 985(i).
 - ☐ Monthly
 - ☐ Other ()
 - The applicant shall pay the fees and costs on the paper filed by the applicant.
 - The clerk is directed to enter the order in the court's records and to advise the applicant to appear in court not more than once in any four-month period.

Date: _____ Room: _____
 - ☐ IT IS ORDERED that the court shall enter the order of the court, rule 985(i).
 - The substantiality of the applicant's financial status is ()
 - The applicant shall pay the fees and costs on the paper filed by the applicant.
 - The address of the court is (specify):

☐ Same as above
 - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**No llene
ninguna otra
parte de esta
página.**

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

☐

JUDICIAL OFFICER

☐

Clerk, by _____, Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Page 1 of 2

PLAINTIFF/PETITIONER (Name) <div style="border: 2px solid black; padding: 5px; display: inline-block; width: 90%;"> Escriba el nombre de su caso aquí </div>	CASE NUMBER: <div style="border: 2px solid black; padding: 5px; display: inline-block; width: 90%;"> Escriba el número de su caso aquí </div>
DEFENDANT/RESPONDENT	

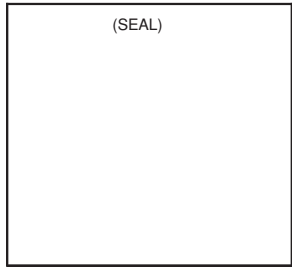
4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Escriba **su nombre completo** aquí
 Escriba **su dirección** aquí

Clerk, by _____, Deputy



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy